



OAQ CONTROL EQUIPMENT APPLICATION

CE-01: Control Equipment Summary

State Form 51904 (R2 / 3-06)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

IDEM - Office of Air Quality - Permits Branch
100 N. Senate Avenue, Indianapolis, IN 46204

Telephone: (317) 233-0178 or
Toll Free: 1-800-451-6027 x30178 (within Indiana)
Facsimile Number: (317) 232-6749
www.IN.gov/idem/air/permits/index.html

NOTES:

- The purpose of CE-01 is to summarize all of the equipment used to control emissions. This is a required form.
- Detailed **instructions** for this form are available online at www.IN.gov/idem/air/permits/apps/instructions/ce01instructions.html.
- All information submitted to IDEM will be made available to the public unless it is submitted under a claim of confidentiality. Claims of confidentiality must be made at the time the information is submitted to IDEM, and must follow the requirements set out in 326 IAC 17.1-4-1. Failure to follow these requirements exactly will result in your information becoming a public record, available for any one to inspect and photocopy.

Summary of Control Equipment

This table summarizes all of the equipment used to control air pollutant emissions. The identification numbers listed on this form should correspond to the emissions unit identified on the [Plant Layout diagram](#) and [Process Flow diagram](#).

1. Control Equipment ID	2. Control Equipment Description	3. Pollutant Controlled	4. Emission Unit ID	5. Stack / Vent ID	6. Applicable Rule
H-201 SCR	Selective Catalytic Reduction Unit	NOx	800	800-01	N/A
H-202 SCR	Selective Catalytic Reduction Unit	NOx	800	800-02	N/A
H-203 SCR	Selective Catalytic Reduction Unit	NOx	800	800-03	N/A
HU-1 SCR	Selective Catalytic Reduction Unit	NOx	801	801-01	N/A
HU-2 SCR	Selective Catalytic Reduction Unit	NOx	801	801-02	N/A
Cooling Tower 7-DE	Drift Eliminator	TSP/PM10/PM2.5	Cooling Tower 7	803-07	N/A
Cooling Tower 8-DE	Drift Eliminator	TSP/PM10/PM2.5	Cooling Tower 8	803-08	N/A
HU Cooling Tower-DE	Drift Eliminator	TSP/PM10/PM2.5	HU Cooling Tower	803-09	N/A
Cooling Tower 2-DE	Drift Eliminator	TSP/PM10/PM2.5	Cooling Tower 2	803-02	N/A
Cooling Tower 3-DE	Drift Eliminator	TSP/PM10/PM2.5	Cooling Tower 3	803-03	N/A
Cooling Tower 4-DE	Drift Eliminator	TSP/PM10/PM2.5	Cooling Tower 4	803-04	N/A
Marine Dock VRU	Vapor Recovery Unit	VOC	Marine Dock Loading	N/A	N/A
TK-SH-1	Caustic Scrubber	H ₂ S, TRS	162	162-09	N/A
TK-SH-2	Caustic Scrubber	H ₂ S, TRS	162	162-10	N/A



OAQ CONTROL EQUIPMENT APPLICATION
CE-09: Nitrogen Oxides Reduction Technology

State Form 52626 (3-06)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

IDEM - Office of Air Quality - Permits Branch
100 N. Senate Avenue, Indianapolis, IN 46204

Telephone: (317) 233-0178 or
Toll Free: 1-800-451-6027 x30178 (within Indiana)
Facsimile Number: (317) 232-6749
www.IN.gov/idem/air/permits/index.html

NOTES:

- The purpose of CE-09 is to identify all the parameters that describe the nitrogen oxides (NO_x) reduction technology. This is a required form.
- Complete this form once for each NO_x reduction technology (or once for each set of identical NO_x reduction technologies).
- Detailed **instructions** for this form are available online at www.in.gov/idem/air/permits/apps/instructions/ce09instructions.html.
- All information submitted to IDEM will be made available to the public unless it is submitted under a claim of confidentiality. Claims of confidentiality must be made at the time the information is submitted to IDEM, and must follow the requirements set out in 326 IAC 17.1-4-1. Failure to follow these requirements exactly will result in your information becoming a public record, available for any one to inspect and photocopy.

PART A: Identification and Description of Control Equipment

Part A identifies the control device and describes its physical properties.

1. Control Equipment ID:	H-201 SCR
2. Installation Date:	
3. Device Used:	<input checked="" type="checkbox"/> Selective Catalytic Reduction (SCR) <input type="checkbox"/> Selective Non-Catalytic Reduction (SNCR) <input type="checkbox"/> Non-Selective Catalytic Reduction (NSCR) <input type="checkbox"/> Other (specify):
4. Reducing Agent:	<input checked="" type="checkbox"/> Ammonia (specify type): <input type="checkbox"/> Urea <input type="checkbox"/> Other (specify):
5. Number of Catalyst Layers:	
6. Residence Time (specify units):	
7. Estimated Catalyst Life (months):	months

PART B: Operational Parameters

Part B provides the operational parameters of the control device and the pollutant laden gas stream. Appropriate units must be included if the standard units are not used.

	A. Units	B. Inlet	C. Outlet	D. Differential
8. Contaminant Concentration	ppmv			
9. Gas Stream Flow Rate	ACFM			
10. Gas Stream Temperature	°F			
11. Gas Stream Pressure	inches of water			to
12. Moisture Content	%			
13. Particle Size Range	micrometers			to
14. Other (specify):				

PART C: Pollutant Concentrations

Part C provides the pollutant concentrations of the pollutant laden gas stream.

	15. Units	16. Inlet	17. Outlet	18. Efficiency (%):	
				Capture	Control
<input checked="" type="checkbox"/> a. Nitrogen Oxides (NO_x)	lb/MMBtu		0.02		
<input type="checkbox"/> b. Other Pollutant (specify):					

PART D: Monitoring, Record Keeping, & Testing Procedures

Part D identifies any existing or proposed monitoring, record keeping, & testing procedures that may need to be included in the permit.

19. Item(s) Monitored:				
20. Monitoring Frequency:				
21. Item(s) Recorded:				
22. Record Keeping Frequency:				
23. Pollutant(s) Tested:	NOx			
24. Test Method(s):	As Approved by IDEM			
25. Testing Frequency:	Once upon issuance of permit			

PART E: Preventive Maintenance Plan

Part E verifies that a complete Preventive Maintenance Plan (PMP) has been prepared for the control device, if applicable. Use this table as a checklist to ensure that the PMP is complete.

26. Do you have a Preventive Maintenance Plan (PMP)?

☐ No PMP is needed. ☒ Yes – the following items are identified on the PMP:

- | | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | A. Identification of the individual(s) responsible for inspecting, maintaining and repairing emission control devices. |
| <input checked="" type="checkbox"/> | B. Description of the items or conditions that will be inspected. |
| <input checked="" type="checkbox"/> | C. Schedule for inspection of items or conditions described above. |
| <input checked="" type="checkbox"/> | D. Identification and quantification of the replacement parts that will be maintained in inventory for quick replacement. |

This space is intentionally left blank.



OAQ CONTROL EQUIPMENT APPLICATION
CE-09: Nitrogen Oxides Reduction Technology

State Form 52626 (3-06)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

IDEM - Office of Air Quality - Permits Branch
100 N. Senate Avenue, Indianapolis, IN 46204

Telephone: (317) 233-0178 or
Toll Free: 1-800-451-6027 x30178 (within Indiana)
Facsimile Number: (317) 232-6749
www.IN.gov/idem/air/permits/index.html

NOTES:

- The purpose of CE-09 is to identify all the parameters that describe the nitrogen oxides (NO_x) reduction technology. This is a required form.
- Complete this form once for each NO_x reduction technology (or once for each set of identical NO_x reduction technologies).
- Detailed **instructions** for this form are available online at www.in.gov/idem/air/permits/apps/instructions/ce09instructions.html.
- All information submitted to IDEM will be made available to the public unless it is submitted under a claim of confidentiality. Claims of confidentiality must be made at the time the information is submitted to IDEM, and must follow the requirements set out in 326 IAC 17.1-4-1. Failure to follow these requirements exactly will result in your information becoming a public record, available for any one to inspect and photocopy.

PART A: Identification and Description of Control Equipment

Part A identifies the control device and describes its physical properties.

1. Control Equipment ID:	H-202 SCR
2. Installation Date:	
3. Device Used:	<input checked="" type="checkbox"/> Selective Catalytic Reduction (SCR) <input type="checkbox"/> Selective Non-Catalytic Reduction (SNCR) <input type="checkbox"/> Non-Selective Catalytic Reduction (NSCR) <input type="checkbox"/> Other (specify):
4. Reducing Agent:	<input checked="" type="checkbox"/> Ammonia (specify type): <input type="checkbox"/> Urea <input type="checkbox"/> Other (specify):
5. Number of Catalyst Layers:	
6. Residence Time (specify units):	
7. Estimated Catalyst Life (months):	months

PART B: Operational Parameters

Part B provides the operational parameters of the control device and the pollutant laden gas stream. Appropriate units must be included if the standard units are not used.

	A. Units	B. Inlet	C. Outlet	D. Differential
8. Contaminant Concentration	ppmv			
9. Gas Stream Flow Rate	ACFM			
10. Gas Stream Temperature	°F			
11. Gas Stream Pressure	inches of water			to
12. Moisture Content	%			
13. Particle Size Range	micrometers			to
14. Other (specify):				

PART C: Pollutant Concentrations

Part C provides the pollutant concentrations of the pollutant laden gas stream.

	15. Units	16. Inlet	17. Outlet	18. Efficiency (%):	
				Capture	Control
<input checked="" type="checkbox"/> a. Nitrogen Oxides (NO _x)	lb/MMBtu		0.02		
<input type="checkbox"/> b. Other Pollutant (specify):					

PART D: Monitoring, Record Keeping, & Testing Procedures

Part D identifies any existing or proposed monitoring, record keeping, & testing procedures that may need to be included in the permit.

19. Item(s) Monitored:				
20. Monitoring Frequency:				
21. Item(s) Recorded:				
22. Record Keeping Frequency:				
23. Pollutant(s) Tested:	NOx			
24. Test Method(s):	As Approved by IDEM			
25. Testing Frequency:	Once upon issuance of permit			

PART E: Preventive Maintenance Plan

Part E verifies that a complete Preventive Maintenance Plan (PMP) has been prepared for the control device, if applicable. Use this table as a checklist to ensure that the PMP is complete.

26. Do you have a Preventive Maintenance Plan (PMP)?

☐ No PMP is needed. ☒ Yes – the following items are identified on the PMP:

- | | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | A. Identification of the individual(s) responsible for inspecting, maintaining and repairing emission control devices. |
| <input checked="" type="checkbox"/> | B. Description of the items or conditions that will be inspected. |
| <input checked="" type="checkbox"/> | C. Schedule for inspection of items or conditions described above. |
| <input checked="" type="checkbox"/> | D. Identification and quantification of the replacement parts that will be maintained in inventory for quick replacement. |

This space is intentionally left blank.



OAQ CONTROL EQUIPMENT APPLICATION
CE-09: Nitrogen Oxides Reduction Technology

State Form 52626 (3-06)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

IDEM - Office of Air Quality - Permits Branch
100 N. Senate Avenue, Indianapolis, IN 46204

Telephone: (317) 233-0178 or
Toll Free: 1-800-451-6027 x30178 (within Indiana)
Facsimile Number: (317) 232-6749
www.IN.gov/idem/air/permits/index.html

NOTES:

- The purpose of CE-09 is to identify all the parameters that describe the nitrogen oxides (NO_x) reduction technology. This is a required form.
- Complete this form once for each NO_x reduction technology (or once for each set of identical NO_x reduction technologies).
- Detailed **instructions** for this form are available online at www.in.gov/idem/air/permits/apps/instructions/ce09instructions.html.
- All information submitted to IDEM will be made available to the public unless it is submitted under a claim of confidentiality. Claims of confidentiality must be made at the time the information is submitted to IDEM, and must follow the requirements set out in 326 IAC 17.1-4-1. Failure to follow these requirements exactly will result in your information becoming a public record, available for any one to inspect and photocopy.

PART A: Identification and Description of Control Equipment

Part A identifies the control device and describes its physical properties.

1. Control Equipment ID:	H-203 SCR
2. Installation Date:	
3. Device Used:	<input checked="" type="checkbox"/> Selective Catalytic Reduction (SCR) <input type="checkbox"/> Selective Non-Catalytic Reduction (SNCR) <input type="checkbox"/> Non-Selective Catalytic Reduction (NSCR) <input type="checkbox"/> Other (specify):
4. Reducing Agent:	<input checked="" type="checkbox"/> Ammonia (specify type): <input type="checkbox"/> Urea <input type="checkbox"/> Other (specify):
5. Number of Catalyst Layers:	
6. Residence Time (specify units):	
7. Estimated Catalyst Life (months):	months

PART B: Operational Parameters

Part B provides the operational parameters of the control device and the pollutant laden gas stream. Appropriate units must be included if the standard units are not used.

	A. Units	B. Inlet	C. Outlet	D. Differential
8. Contaminant Concentration	ppmv			
9. Gas Stream Flow Rate	ACFM			
10. Gas Stream Temperature	°F			
11. Gas Stream Pressure	inches of water			to
12. Moisture Content	%			
13. Particle Size Range	micrometers			to
14. Other (specify):				

PART C: Pollutant Concentrations

Part C provides the pollutant concentrations of the pollutant laden gas stream.

	15. Units	16. Inlet	17. Outlet	18. Efficiency (%):	
				Capture	Control
<input checked="" type="checkbox"/> a. Nitrogen Oxides (NO_x)	lb/MMBtu		0.02		
<input type="checkbox"/> b. Other Pollutant (specify):					

PART D: Monitoring, Record Keeping, & Testing Procedures

Part D identifies any existing or proposed monitoring, record keeping, & testing procedures that may need to be included in the permit.

19. Item(s) Monitored:				
20. Monitoring Frequency:				
21. Item(s) Recorded:				
22. Record Keeping Frequency:				
23. Pollutant(s) Tested:	NOx			
24. Test Method(s):	As Approved by IDEM			
25. Testing Frequency:	Once upon issuance of permit			

PART E: Preventive Maintenance Plan

Part E verifies that a complete Preventive Maintenance Plan (PMP) has been prepared for the control device, if applicable. Use this table as a checklist to ensure that the PMP is complete.

26. Do you have a Preventive Maintenance Plan (PMP)?

☐ No PMP is needed. ☒ Yes – the following items are identified on the PMP:

- | | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | A. Identification of the individual(s) responsible for inspecting, maintaining and repairing emission control devices. |
| <input checked="" type="checkbox"/> | B. Description of the items or conditions that will be inspected. |
| <input checked="" type="checkbox"/> | C. Schedule for inspection of items or conditions described above. |
| <input checked="" type="checkbox"/> | D. Identification and quantification of the replacement parts that will be maintained in inventory for quick replacement. |

This space is intentionally left blank.



OAQ CONTROL EQUIPMENT APPLICATION
CE-09: Nitrogen Oxides Reduction Technology

State Form 52626 (3-06)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

IDEM - Office of Air Quality - Permits Branch
100 N. Senate Avenue, Indianapolis, IN 46204

Telephone: (317) 233-0178 or
Toll Free: 1-800-451-6027 x30178 (within Indiana)
Facsimile Number: (317) 232-6749
www.IN.gov/idem/air/permits/index.html

NOTES:

- The purpose of CE-09 is to identify all the parameters that describe the nitrogen oxides (NO_x) reduction technology. This is a required form.
- Complete this form once for each NO_x reduction technology (or once for each set of identical NO_x reduction technologies).
- Detailed **instructions** for this form are available online at www.in.gov/idem/air/permits/apps/instructions/ce09instructions.html.
- All information submitted to IDEM will be made available to the public unless it is submitted under a claim of confidentiality. Claims of confidentiality must be made at the time the information is submitted to IDEM, and must follow the requirements set out in 326 IAC 17.1-4-1. Failure to follow these requirements exactly will result in your information becoming a public record, available for any one to inspect and photocopy.

PART A: Identification and Description of Control Equipment

Part A identifies the control device and describes its physical properties.

1. Control Equipment ID:	HU-1 SCR
2. Installation Date:	
3. Device Used:	<input checked="" type="checkbox"/> Selective Catalytic Reduction (SCR) <input type="checkbox"/> Selective Non-Catalytic Reduction (SNCR) <input type="checkbox"/> Non-Selective Catalytic Reduction (NSCR) <input type="checkbox"/> Other (specify):
4. Reducing Agent:	<input checked="" type="checkbox"/> Ammonia (specify type): <input type="checkbox"/> Urea <input type="checkbox"/> Other (specify):
5. Number of Catalyst Layers:	
6. Residence Time (specify units):	
7. Estimated Catalyst Life (months):	months

PART B: Operational Parameters

Part B provides the operational parameters of the control device and the pollutant laden gas stream. Appropriate units must be included if the standard units are not used.

	A. Units	B. Inlet	C. Outlet	D. Differential
8. Contaminant Concentration	ppmv			
9. Gas Stream Flow Rate	ACFM			
10. Gas Stream Temperature	°F			
11. Gas Stream Pressure	inches of water			to
12. Moisture Content	%			
13. Particle Size Range	micrometers			to
14. Other (specify):				

PART C: Pollutant Concentrations

Part C provides the pollutant concentrations of the pollutant laden gas stream.

	15. Units	16. Inlet	17. Outlet	18. Efficiency (%):	
				Capture	Control
<input checked="" type="checkbox"/> a. Nitrogen Oxides (NO_x)	lb/MMBtu		0.013		
<input type="checkbox"/> b. Other Pollutant (specify):					

PART D: Monitoring, Record Keeping, & Testing Procedures

Part D identifies any existing or proposed monitoring, record keeping, & testing procedures that may need to be included in the permit.

19. Item(s) Monitored:				
20. Monitoring Frequency:				
21. Item(s) Recorded:				
22. Record Keeping Frequency:				
23. Pollutant(s) Tested:	NOx			
24. Test Method(s):	As Approved by IDEM			
25. Testing Frequency:	Once upon issuance of permit			

PART E: Preventive Maintenance Plan

Part E verifies that a complete Preventive Maintenance Plan (PMP) has been prepared for the control device, if applicable. Use this table as a checklist to ensure that the PMP is complete.

26. Do you have a Preventive Maintenance Plan (PMP)?

☐ No PMP is needed. ☒ Yes – the following items are identified on the PMP:

- | | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | A. Identification of the individual(s) responsible for inspecting, maintaining and repairing emission control devices. |
| <input checked="" type="checkbox"/> | B. Description of the items or conditions that will be inspected. |
| <input checked="" type="checkbox"/> | C. Schedule for inspection of items or conditions described above. |
| <input checked="" type="checkbox"/> | D. Identification and quantification of the replacement parts that will be maintained in inventory for quick replacement. |

This space is intentionally left blank.



OAQ CONTROL EQUIPMENT APPLICATION
CE-09: Nitrogen Oxides Reduction Technology
 State Form 52626 (3-06)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

IDEM - Office of Air Quality - Permits Branch
 100 N. Senate Avenue, Indianapolis, IN 46204

Telephone: (317) 233-0178 or
 Toll Free: 1-800-451-6027 x30178 (within Indiana)
 Facsimile Number: (317) 232-6749
www.IN.gov/idem/air/permits/index.html

NOTES:

- The purpose of CE-09 is to identify all the parameters that describe the nitrogen oxides (NO_x) reduction technology. This is a required form.
- Complete this form once for each NO_x reduction technology (or once for each set of identical NO_x reduction technologies).
- Detailed **instructions** for this form are available online at www.in.gov/idem/air/permits/apps/instructions/ce09instructions.html.
- All information submitted to IDEM will be made available to the public unless it is submitted under a claim of confidentiality. Claims of confidentiality must be made at the time the information is submitted to IDEM, and must follow the requirements set out in 326 IAC 17.1-4-1. Failure to follow these requirements exactly will result in your information becoming a public record, available for any one to inspect and photocopy.

PART A: Identification and Description of Control Equipment

Part A identifies the control device and describes its physical properties.

1. Control Equipment ID:	HU-2 SCR		
2. Installation Date:			
3. Device Used:	<input checked="" type="checkbox"/> Selective Catalytic Reduction (SCR) <input type="checkbox"/> Selective Non-Catalytic Reduction (SNCR) <input type="checkbox"/> Non-Selective Catalytic Reduction (NSCR) <input type="checkbox"/> Other (specify):		
4. Reducing Agent:	<input checked="" type="checkbox"/> Ammonia (specify type): <input type="checkbox"/> Urea <input type="checkbox"/> Other (specify):		
5. Number of Catalyst Layers:			
6. Residence Time (specify units):			
7. Estimated Catalyst Life (months):	months		

PART B: Operational Parameters

Part B provides the operational parameters of the control device and the pollutant laden gas stream. Appropriate units must be included if the standard units are not used.

	A. Units	B. Inlet	C. Outlet	D. Differential
8. Contaminant Concentration	ppmv			
9. Gas Stream Flow Rate	ACFM			
10. Gas Stream Temperature	°F			
11. Gas Stream Pressure	inches of water			to
12. Moisture Content	%			
13. Particle Size Range	micrometers			to
14. Other (specify):				

PART C: Pollutant Concentrations

Part C provides the pollutant concentrations of the pollutant laden gas stream.

	15. Units	16. Inlet	17. Outlet	18. Efficiency (%):	
				Capture	Control
<input checked="" type="checkbox"/> a. Nitrogen Oxides (NO_x)	lb/MMBtu		0.013		
<input type="checkbox"/> b. Other Pollutant (specify):					

PART D: Monitoring, Record Keeping, & Testing Procedures

Part D identifies any existing or proposed monitoring, record keeping, & testing procedures that may need to be included in the permit.

19. Item(s) Monitored:				
20. Monitoring Frequency:				
21. Item(s) Recorded:				
22. Record Keeping Frequency:				
23. Pollutant(s) Tested:	NOx			
24. Test Method(s):	As Approved by IDEM			
25. Testing Frequency:	Once upon issuance of permit			

PART E: Preventive Maintenance Plan

Part E verifies that a complete Preventive Maintenance Plan (PMP) has been prepared for the control device, if applicable. Use this table as a checklist to ensure that the PMP is complete.

26. Do you have a Preventive Maintenance Plan (PMP)?

☐ No PMP is needed. ☒ Yes – the following items are identified on the PMP:

- | | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | A. Identification of the individual(s) responsible for inspecting, maintaining and repairing emission control devices. |
| <input checked="" type="checkbox"/> | B. Description of the items or conditions that will be inspected. |
| <input checked="" type="checkbox"/> | C. Schedule for inspection of items or conditions described above. |
| <input checked="" type="checkbox"/> | D. Identification and quantification of the replacement parts that will be maintained in inventory for quick replacement. |

This space is intentionally left blank.



OAQ CONTROL EQUIPMENT APPLICATION
CE-10: Miscellaneous Control Equipment
State Form 52436 (R / 3-06)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

IDEM - Office of Air Quality - Permits Branch
100 N. Senate Avenue, Indianapolis, IN 46204

Telephone: (317) 233-0178 or
Toll Free: 1-800-451-6027 x30178 (within Indiana)
Facsimile Number: (317) 232-6749
www.IN.gov/idem/air/permits/index.html

NOTES:

- The purpose of CE-10 is to identify all the parameters that describe the control device.
- Complete this form once for each control device not covered by CE-02 through CE-09.
- Detailed **instructions** for this form are available online at www.in.gov/idem/air/permits/apps/instructions/ce10instructions.html.
- All information submitted to IDEM will be made available to the public unless it is submitted under a claim of confidentiality. Claims of confidentiality must be made at the time the information is submitted to IDEM, and must follow the requirements set out in 326 IAC 17.1-4-1. Failure to follow these requirements exactly will result in your information becoming a public record, available for any one to inspect and photocopy.

PART A: Identification and Description of Control Equipment

Part A identifies the control device and describes its physical properties.

1. Control Equipment ID:	Marine Dock VRU
2. Installation Date:	TBD
3. Description of Control Device:	Vapor Recovery Unit

PART B: Operational Parameters

Part B provides the operational parameters of the control device and the pollutant laden gas stream. Appropriate units must be included if the standard units are not used.

	A. Units	B. Inlet	C. Outlet	D. Differential
4. Gas Stream Flow Rate	ACFM			
5. Gas Stream Temperature	°F			
6. Gas Stream Pressure	inches of water			to
7. Moisture Content	%			
8. Particle Size Range	micrometers			to
9. Other (specify):				

PART C: Pollutant Concentrations

Part C provides the pollutant concentrations of the pollutant laden gas stream.

	10. Units	11. Inlet	12. Outlet	13. Efficiency (%):	
				Capture	Control
<input type="checkbox"/> a. Carbon Monoxide (CO)	N/A				
<input type="checkbox"/> b. Lead (Pb)	N/A				
<input type="checkbox"/> c. Hazardous Air Pollutant (HAP) (specify):	N/A				
<input type="checkbox"/> d. Nitrogen Oxides (NO _x)	N/A				
<input type="checkbox"/> e. Mercury (Hg)	N/A				
<input type="checkbox"/> f. Particulate Matter (PM)	N/A				
<input type="checkbox"/> g. Particulate Matter less than 10µm (PM ₁₀)	N/A				
<input type="checkbox"/> h. Particulate Matter less than 2.5µm (PM _{2.5})	N/A				
<input type="checkbox"/> i. Sulfur Dioxide (SO ₂)	N/A				
<input checked="" type="checkbox"/> j. Volatile Organic Compounds (VOC)	mg/L		10.00		
<input type="checkbox"/> k. Other Pollutant (specify):	N/A				

PART D: Monitoring, Record Keeping, & Testing Procedures

Part D identifies any existing or proposed monitoring, record keeping, & testing procedures that may need to be included in the permit.

14. Item(s) Monitored:	N/A			
15. Monitoring Frequency:	N/A			
16. Item(s) Recorded:	N/A			
17. Record Keeping Frequency:	N/A			
18. Pollutant(s) Tested:	N/A			
19. Test Method(s):	N/A			
20. Testing Frequency:	N/A			

PART E: Preventive Maintenance Plan

Part E verifies that a complete Preventive Maintenance Plan (PMP) has been prepared for the control device, if applicable. Use this table as a checklist to ensure that the PMP is complete.

21. Do you have a Preventive Maintenance Plan (PMP)?

☐ No PMP is needed. ☒ Yes – the following items are identified on the PMP:

- ☒ A. Identification of the individual(s) responsible for inspecting, maintaining and repairing emission control devices.
- ☒ B. Description of the items or conditions that will be inspected.
- ☒ C. Schedule for inspection of items or conditions described above.
- ☒ D. Identification and quantification of the replacement parts that will be maintained in inventory for quick replacement.

PART F: Determination of Integral Control

Part F provides explanation to determine whether the control device should be considered integral to the process.

22. Has IDEM already made an integral control determination for this device?

If "Yes", provide the following:

☒ No ☐ Yes

Permit Number:

Issuance Date:

Determination:

☐ Integral ☐ Not Integral

23. Is this device integral to the process?

If "Yes", provide the reason(s) why the device is integral.

☒ No ☐ Yes



OAQ CONTROL EQUIPMENT APPLICATION
CE-10: Miscellaneous Control Equipment
State Form 52436 (R / 3-06)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

IDEM - Office of Air Quality - Permits Branch
100 N. Senate Avenue, Indianapolis, IN 46204

Telephone: (317) 233-0178 or
Toll Free: 1-800-451-6027 x30178 (within Indiana)
Facsimile Number: (317) 232-6749
www.IN.gov/idem/air/permits/index.html

NOTES:

- The purpose of CE-10 is to identify all the parameters that describe the control device.
- Complete this form once for each control device not covered by CE-02 through CE-09.
- Detailed **instructions** for this form are available online at www.in.gov/idem/air/permits/apps/instructions/ce10instructions.html.
- All information submitted to IDEM will be made available to the public unless it is submitted under a claim of confidentiality. Claims of confidentiality must be made at the time the information is submitted to IDEM, and must follow the requirements set out in 326 IAC 17.1-4-1. Failure to follow these requirements exactly will result in your information becoming a public record, available for any one to inspect and photocopy.

PART A: Identification and Description of Control Equipment

Part A identifies the control device and describes its physical properties.

1. Control Equipment ID:	TK SH-1 (162)
2. Installation Date:	TBD
3. Description of Control Device:	Caustic Scrubber

PART B: Operational Parameters

Part B provides the operational parameters of the control device and the pollutant laden gas stream. Appropriate units must be included if the standard units are not used.

	A. Units	B. Inlet	C. Outlet	D. Differential
4. Gas Stream Flow Rate	ACFM			
5. Gas Stream Temperature	°F			
6. Gas Stream Pressure	inches of water			to
7. Moisture Content	%			
8. Particle Size Range	micrometers			to
9. Other (specify):				

PART C: Pollutant Concentrations

Part C provides the pollutant concentrations of the pollutant laden gas stream.

	10. Units	11. Inlet	12. Outlet	13. Efficiency (%):	
				Capture	Control
<input type="checkbox"/> a. Carbon Monoxide (CO)	N/A				
<input type="checkbox"/> b. Lead (Pb)	N/A				
<input type="checkbox"/> c. Hazardous Air Pollutant (HAP) (specify):	N/A				
<input type="checkbox"/> d. Nitrogen Oxides (NO_x)	N/A				
<input type="checkbox"/> e. Mercury (Hg)	N/A				
<input type="checkbox"/> f. Particulate Matter (PM)	N/A				
<input type="checkbox"/> g. Particulate Matter less than 10µm (PM₁₀)	N/A				
<input type="checkbox"/> h. Particulate Matter less than 2.5µm (PM_{2.5})	N/A				
<input type="checkbox"/> i. Sulfur Dioxide (SO₂)	N/A				
<input type="checkbox"/> j. Volatile Organic Compounds (VOC)	N/A				
<input checked="" type="checkbox"/> k. Other Pollutant (specify): Caustic Scrubber*					

***Note Tanks TK-SH-1 and TK-SH-2 have a combined limit of 0.5 ton/yr for both H₂S and Total Reduced Sulfur (See Appendix C Tables C.63.)**

PART D: Monitoring, Record Keeping, & Testing Procedures

Part D identifies any existing or proposed monitoring, record keeping, & testing procedures that may need to be included in the permit.

14. Item(s) Monitored:	N/A			
15. Monitoring Frequency:	N/A			
16. Item(s) Recorded:	N/A			
17. Record Keeping Frequency:	N/A			
18. Pollutant(s) Tested:	N/A			
19. Test Method(s):	N/A			
20. Testing Frequency:	N/A			

PART E: Preventive Maintenance Plan

Part E verifies that a complete Preventive Maintenance Plan (PMP) has been prepared for the control device, if applicable. Use this table as a checklist to ensure that the PMP is complete.

21. Do you have a Preventive Maintenance Plan (PMP)?

☐ No PMP is needed. ☒ Yes – the following items are identified on the PMP:

- ☒ A. Identification of the individual(s) responsible for inspecting, maintaining and repairing emission control devices.
- ☒ B. Description of the items or conditions that will be inspected.
- ☒ C. Schedule for inspection of items or conditions described above.
- ☒ D. Identification and quantification of the replacement parts that will be maintained in inventory for quick replacement.

PART F: Determination of Integral Control

Part F provides explanation to determine whether the control device should be considered integral to the process.

22. Has IDEM already made an integral control determination for this device?

If "Yes", provide the following:

☒ No ☐ Yes

Permit Number:

Issuance Date:

Determination:

☐ Integral ☐ Not Integral

23. Is this device integral to the process?

If "Yes", provide the reason(s) why the device is integral.

☒ No ☐ Yes



OAQ CONTROL EQUIPMENT APPLICATION
CE-10: Miscellaneous Control Equipment
State Form 52436 (R / 3-06)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

IDEM - Office of Air Quality - Permits Branch
100 N. Senate Avenue, Indianapolis, IN 46204

Telephone: (317) 233-0178 or
Toll Free: 1-800-451-6027 x30178 (within Indiana)
Facsimile Number: (317) 232-6749
www.IN.gov/idem/air/permits/index.html

NOTES:

- The purpose of CE-10 is to identify all the parameters that describe the control device.
- Complete this form once for each control device not covered by CE-02 through CE-09.
- Detailed **instructions** for this form are available online at www.in.gov/idem/air/permits/apps/instructions/ce10instructions.html.
- All information submitted to IDEM will be made available to the public unless it is submitted under a claim of confidentiality. Claims of confidentiality must be made at the time the information is submitted to IDEM, and must follow the requirements set out in 326 IAC 17.1-4-1. Failure to follow these requirements exactly will result in your information becoming a public record, available for any one to inspect and photocopy.

PART A: Identification and Description of Control Equipment

Part A identifies the control device and describes its physical properties.

1. Control Equipment ID: TK SH-2 (162)
2. Installation Date: TBD
3. Description of Control Device: Caustic Scrubber

PART B: Operational Parameters

Part B provides the operational parameters of the control device and the pollutant laden gas stream. Appropriate units must be included if the standard units are not used.

	A. Units	B. Inlet	C. Outlet	D. Differential
4. Gas Stream Flow Rate	ACFM			
5. Gas Stream Temperature	°F			
6. Gas Stream Pressure	inches of water			to
7. Moisture Content	%			
8. Particle Size Range	micrometers			to
9. Other (specify):				

PART C: Pollutant Concentrations

Part C provides the pollutant concentrations of the pollutant laden gas stream.

	10. Units	11. Inlet	12. Outlet	13. Efficiency (%):	
				Capture	Control
<input type="checkbox"/> a. Carbon Monoxide (CO)	N/A				
<input type="checkbox"/> b. Lead (Pb)	N/A				
<input type="checkbox"/> c. Hazardous Air Pollutant (HAP) (specify):	N/A				
<input type="checkbox"/> d. Nitrogen Oxides (NO_x)	N/A				
<input type="checkbox"/> e. Mercury (Hg)	N/A				
<input type="checkbox"/> f. Particulate Matter (PM)	N/A				
<input type="checkbox"/> g. Particulate Matter less than 10µm (PM₁₀)	N/A				
<input type="checkbox"/> h. Particulate Matter less than 2.5µm (PM_{2.5})	N/A				
<input type="checkbox"/> i. Sulfur Dioxide (SO₂)	N/A				
<input type="checkbox"/> j. Volatile Organic Compounds (VOC)	N/A				
<input checked="" type="checkbox"/> k. Other Pollutant (specify): Caustic Scrubber*					

* Tank TK-SH-1 and TK-SH-2 have a combined limit of 0.5 ton/yr of both H₂S and Total Reduced Sulfur (See Appendix C Table C.63).

PART D: Monitoring, Record Keeping, & Testing Procedures

Part D identifies any existing or proposed monitoring, record keeping, & testing procedures that may need to be included in the permit.

14. Item(s) Monitored:	N/A			
15. Monitoring Frequency:	N/A			
16. Item(s) Recorded:	N/A			
17. Record Keeping Frequency:	N/A			
18. Pollutant(s) Tested:	N/A			
19. Test Method(s):	N/A			
20. Testing Frequency:	N/A			

PART E: Preventive Maintenance Plan

Part E verifies that a complete Preventive Maintenance Plan (PMP) has been prepared for the control device, if applicable. Use this table as a checklist to ensure that the PMP is complete.

21. Do you have a Preventive Maintenance Plan (PMP)?

☐ No PMP is needed. ☒ Yes – the following items are identified on the PMP:

- ☒ A. Identification of the individual(s) responsible for inspecting, maintaining and repairing emission control devices.
- ☒ B. Description of the items or conditions that will be inspected.
- ☒ C. Schedule for inspection of items or conditions described above.
- ☒ D. Identification and quantification of the replacement parts that will be maintained in inventory for quick replacement.

PART F: Determination of Integral Control

Part F provides explanation to determine whether the control device should be considered integral to the process.

22. Has IDEM already made an integral control determination for this device?

If "Yes", provide the following:

☒ No ☐ Yes

Permit Number:

Issuance Date:

Determination:

☐ Integral ☐ Not Integral

23. Is this device integral to the process?

If "Yes", provide the reason(s) why the device is integral.

☒ No ☐ Yes